

## **TOWN COUNCIL – AGENDA REQUEST FORM**

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, including back up information, <u>8 days prior</u> to the requested meeting date. Public Hearing requests must be submitted <u>20 days prior</u> to requested meeting date to meet publication deadlines (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

	MEETING	MEETING INFORMATION		
Date Submitted: June 21, 2016 Submitted by: Town Council Chairman Nancy Harrington  Date of Meeting: June 23, 2016				
Department:		Time Required: 15 r Background Info.	ninutes	
Speakers: Nancy Harrington		Supplied:	Yes: No:	
CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)				
Appointment:		Recognition/Resignation/ Retirement:		
Public Hearing:		Old Business:		
New Business:	$\boxtimes$	Consent Agenda:		
Nonpublic:		Other:		
	Тить	E OF ITEM		
Kinder Morgan Letter Update				
	DESCRIP	TION OF ITEM		
Town Council to review proposed letter to Kinder Morgan regarding financial reimbursement				
REFERENCE (IF KNOWN)				
RSA:		Warrant Article:		
Charter Article:		Town Meeting:		
Other:		N/A		
Outel.		N/A		
	REQUIRED (PLEA	N/A ASE PLACE AN "X" IN THE APPROPRIATE	E BOX)	
	REQUIRED (PLEA		E BOX)	
EQUIPMENT	REQUIRED (PLEA	ASE PLACE AN "X" IN THE APPROPRIATE	E BOX)	
EQUIPMENT Projector:	REQUIRED (PLEA	SE PLACE AN "X" IN THE APPROPRIATE Grant Requirements:	E BOX)	
Equipment Projector: Easel:	REQUIRED (PLEA	Grant Requirements:  Joint Meeting:	BOX)	
Projector: Easel: Special Seating:		Grant Requirements:  Joint Meeting: Other:	E BOX)	
Projector: Easel: Special Seating:	Contact	Grant Requirements:  Joint Meeting: Other: None:	BOX)	
Projector: Easel: Special Seating: Laptop:	Contact	Grant Requirements: Joint Meeting: Other: None: INFORMATION Address	ton@merrimacknh.gov	
Projector: Easel: Special Seating: Laptop:  Name:  Nancy Harrie	CONTACT	Grant Requirements: Joint Meeting: Other: None: INFORMATION Address		
Projector: Easel: Special Seating: Laptop:  Name:  Nancy Harrie	CONTACT	Grant Requirements: Joint Meeting: Other: None: INFORMATION Address Email Address nharrings		